IN ETHICS AND TE DE

FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
CHECK ONE:	-1-21 8110. Jr	DR-1	OF
This is an initial* Statement of Organization	A Sesention of	(Rev. 01/2006)	ORGANIZATION
This is an amended* Statement of Organization		For Office Use C	Only
*An initial Statement of Organization must be filed within 10 days of the comaking expenditures, or incurring indebtedness exceeding \$750. Amenda	mmittee's accepting contributions,	Comm. #	
a change. Penalties may be imposed for late-filed Statements of Organiza	ition. A candidate with an open	Indexed	
committee that exceeds \$750 in activity for another office shall file within 1	0 days either a new or amended	Audited Computer	· · · · · · · · · · · · · · · · · · ·
DR-1 disclosing information concerning the campaign for the new office so	ught.	Computer	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)			
Committee To Elect Don Price			
IMPORTANT: Indicate type of committee you are reporting for:			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee			
(3) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC			
(10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue(including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees) COMMITTEE CHAIR (mandatory except for a candidate's committee)			
Name + 1/1	Name + -	atory except for a ca	andidate's committee)
Carolyn L. Moll	John	F- X1	20//
Mailing Address 12 Loc ust St.	Mailing Address ↓ ↓ ↓ 〕 / 3	2 Locu	st St.
City, State + Zip Code + + Zip Code + + 5003	City, State + Zip Code		
Phone 6/57 993 / 025	Phone (575) 993-	1825	
e-Mail		•	
INDICATE PURPOSE OF COMMITTEE - Check One Box Ad	e-Mail vocate for/against candidate(s)	lyocate for hallot issu	ıe(s)
Comment or description:		Ivocate against ballo	t issue(s)
All Candidates Enter: 1 / Y Council Mem.	County/Local Candidates a	nd Local Ballot Cor	nmittees Enter:
	County: Da	//a s	
Political Party (if applicable) Non-declare	(If active in multiple ballot issu	e elections, attach li	st of counties
District: ('it y at Ade	Date of Election:	06-07	•
Year Standing for Election:	Date of Election	0007	
Bank Account Name ↓ ↓	Candidate name & Address or P		if applicable),
		arent Entity (PACs, ffiliate, or Sponsor	if applicable),
	Do nold Pri		if applicable),
Committee To Elect Don Price Name of Financial Institution/type of Account	Donald Pr	ffiliate, or Sponsor	if applicable).
Committee To Elect Don Price Name of Financial Institution/type of Account	Donald Pr		if applicable).
	Donald Pr	ffiliate, or Sponsor	if applicable). Zip ↓ ↓
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Committee To Elect Don Price Name of Financial Institution/type of Account Wells Targo Bank—Checking account Mailing Address 100 Nile Kinnick Dr. N. City	Phone \$150 99310 e-Mail Paris the following:	ffiliate, or Sponsor C USTS State + + TA 3 >	T Zip ↓↓ 50003
Name of Financial Institution/type of Account Wells Targo Bayk—Checking account Mailing Address No Nile Kinnick Dr. N. City + State + Zip + Adel Lowa 50003 STATEMENT OF AFFIRMATION: By filing this document the committee and all persons connected with the committee understand the rules in Chapter 351 of the lowa Administrative Code.	Phone \$157 99310 e-Mail Thrus the following: at they are subject to the laws in lowa Cook Thrus the following:	ffiliate, or Sponsor C US T State T A 3 3 de chapters 68A and 6	Zip ↓↓ S 0 0 0 3
Name of Financial Institution/type of Account Wells Targo Bank—Checking account Mailing Address Nile Kinnick Dr. N. City State J Zip J Acel Zowa 50003 STATEMENT OF AFFIRMATION: By filing this document the committee affiling in Chapter 351 of the lowa Administrative Code. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclosubjects the candidate or chairperson (in the case of committees other than a case of case	Phone \$15 \ 99310 e-Mail they are subject to the laws in lowa Cooksure reports and that the failure to file the	ffiliate, or Sponsor C US T State T A 3 3 3 4 de chapters 68A and 6	Zip ↓ ↓ S 0 0 0 3 88B and the administrative
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